DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2015 FORM APPROVED OMB NO. 0938-0391

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED
	155206	B. WING _			C 11/04/2015
NAME OF PROVIDER OR SUPPLIER BROWNSBURG HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1010 HORNADAY RD BROWNSBURG, IN 46112		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
INITIAL COMMENTS	:	FO	000		
This visit was for the Investigation of Complaints IN00182079 and IN00185108.					
Complaint IN00182079 - Unsubstantiated due to lack of evidence.					
Complaint IN0018510 lack of evidence.	08 - Unsubstantiated due to				
Survey dates: Nover	nber 2 and 4, 2015				
Facility number: Provider number: AIM number:	000113 155206 100287670				
Census bed type: SNF: 1 SNF/NF: 97 Total: 98					
Medicaid: 51 Other: 3	I 60				
Sample: 3					
in compliance with 42 and 410 IAC 16.2-3.1	2 CFR Part 483, Subpart B in regard to the				
Quality review comple	eted 11/5/15 by 29479.				
	SUMMARY ST (EACH DEFICIENCE REGULATORY OR I INITIAL COMMENTS This visit was for the IN00182079 and IN00 Complaint IN00182071 lack of evidence. Complaint IN0018510 lack of evidence. Survey dates: Nover Facility number: Provider number: AIM number: Census bed type: SNF: 1 SNF/NF: 97 Total: 98 Census payor type: Medicare: 11 Medicaid: 51 Other: 3 Total: 9 Sample: 3 Brownsburg Health Coin compliance with 42 and 410 IAC 16.2-3.1 Investigation of Complino0185108.	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for the Investigation of Complaints IN00182079 and IN00185108. Complaint IN00182079 - Unsubstantiated due to lack of evidence. Complaint IN00185108 - Unsubstantiated due to lack of evidence. Survey dates: November 2 and 4, 2015 Facility number: 000113 Provider number: 155206 AIM number: 100287670 Census bed type: SNF: 1 SNF/NF: 97 Total: 98 Census payor type: Medicare: 17 Medicaid: 51 Other: 30 Total: 98 Sample: 3 Brownsburg Health Care Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00182079 and	ROVIDER OR SUPPLIER BURG HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for the Investigation of Complaints IN00182079 and IN00185108. Complaint IN00182079 - Unsubstantiated due to lack of evidence. Survey dates: November 2 and 4, 2015 Facility number: 000113 Provider number: 155206 AIM number: 100287670 Census bed type: SNF: 1 SNF/NF: 97 Total: 98 Census payor type: Medicare: 17 Medicaid: 51 Other: 30 Total: 98 Sample: 3 Brownsburg Health Care Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00182079 and IN00185108.	ROVIDER OR SUPPLIER BURG HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) This visit was for the Investigation of Complaints IN00182079 and IN00185108 - Unsubstantiated due to lack of evidence. Complaint IN00185108 - Unsubstantiated due to lack of evidence. Survey dates: November 2 and 4, 2015 Facility number: 000113 Provider number: 155206 AlM number: 100287670 Census bed type: SNF: 1 SNF/NF: 97 Total: 98 Census payor type: Medicaid: 51 Other: 30 Total: 98 Sample: 3 Brownsburg Health Care Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00185108.	TOUR TENT TO THE PROPERTY OF DEFICIENCIES BURG HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OF LISE (DENTIFYING INFORMATION) INITIAL COMMENTS This visit was for the Investigation of Complaints IN00182079 - Unsubstantiated due to lack of evidence. Complaint IN00185108 - Unsubstantiated due to lack of evidence. Survey dates: November 2 and 4, 2015 Facility number: 100287670 Census bed type: SNF: 1 SNF: 1 SNF: 97 Total: 98 Census payor type: Medicare: 17 Medicald: 51 Other: 30 Total: 98 Sample: 3 Brownsburg Health Care Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC flo. 23.1 in regard to the Investigation of Complaints IN00185108.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.